## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

## **Facility Information**

Facility Name: WHISPERING PINES ADULT FAMILY HOME (0009577)

Address: S4338 SLABACK ROAD, LAFARGE, WI 54639

**License Status: REGULAR** 

Licensed/Certified/Registered 03/01/2002

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096706 End Date: 04/04/2006 Type: ABBREVIATED Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092375 End Date: 04/15/2004 Type: STANDARD Purpose: SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007980 Served 04/17/2004

<u>Compliance</u>

Deficiencies Cited<br/>88.06(2)(b)Subject Area<br/>SERVICE AGREEMENT EXCEPT RESPITEVerified<br/>04/04/2006Corrected<br/>Yes

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